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ABSTRACT

The Holmes Group recommends that teacher education be extended and restructured to produce highly competent teachers. This study was conducted to determine the impact of the Holmes Group recommendations on preservice preparation of health education teachers. Health education department chairs at nine universities belonging to the Holmes Group were invited to complete questionnaires identifying and ranking predicted and perceived effects of these recommendations on health education majors. The responses indicated a lack of agreement among the subjects. Based on informants' responses, the following general predictions were arrived at: (1) students graduating from Holmes-based extended teacher education programs will be well-prepared to teach; (2) few schools will actually implement a Holmes-based teacher education program; (3) 4-year programs will continue to prepare health education teachers; and (4) the number of school health education majors will decrease at Holmes universities. Results also suggest that grassroots support for Holmes Group recommendations among health educators is lacking; widespread adoption of Holmes-based curricula in departments of Health Education is not likely; and the Holmes Group will not have much effect on the preparation of health education teachers. The two are like oil and water. (Contains 17 references.) (LL)

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# The Holmes Group and Health Education: Oil and Water?

## Abstract

A modified Delphi study was used to identify the most significant effects of The Holmes Group recommendations on the preservice preparation of health education teachers. Health education department chairs at nine Holmes member universities completed all three rounds of the study.

A list of thirty-two effects was generated in Round 1. In Rounds 2 and 3 subjects were asked to (1) rank the fifteen most significant effects and (2) indicate whether they perceived each effect to be positive or negative. Comments related to the ranked items were also solicited. The 15 most significant effects of The Holmes Group recommendations on the preparation of health education teachers were identified in this study.

The responses indicated a lack of agreement among the subjects. Thirty-one (of 32) effects listed on the questionnaire were ranked by at least one subject. Only the #1-ranked effect was ranked by all subjects, and it was perceived as a positive effect by 6 subjects and negative by three subjects. Among the fifteen most significant effects, six were perceived differently in terms of the type of effect (i.e. positive, negative, or other).

There were also differences regarding expected year of implementation of the new program. Some subjects indicated they did not expect to actually implement a Holmes-based program. Subjects indicated that several alternate routes to certify health education teachers would be available. These results seem to indicate a lack of support for programs based on the recommendations of The Holmes Group.

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## The Holmes Group & Health Education: Oil & Water?

The work of The Holmes Group has brought renewed interest in the status of teacher education in the United States. The Holmes Group, which was formally organized in 1985, is an organization of almost 100 research universities dedicated to improving teacher education and the status of the teaching profession in the United States. The original report, *Tomorrow's Teachers* (Holmes Group, 1986), outlined the aims of The Holmes Group.

The Holmes Group has identified five major goals: (1) to make the education of teachers intellectually more solid; (2) to recognize differences in teachers' knowledge, skill, and commitment, and their education, certification, and work; (3) to create standards of entry to the teaching profession which are professionally relevant and intellectually defensible; (4) to connect schools of education with the public schools; and (5) to make schools better places for teachers to work and learn (Holmes Group, 1986). The Holmes Group believes that teacher education must be restructured to produce highly competent teachers and that the status of teaching itself must be raised to that of professions such as law and medicine.

The Holmes Group has made specific recommendations to achieve its goals. The Holmes Group recommends that all prospective teachers complete a liberal arts degree and that the professional education curriculum be a graduate program. It also recommends differentiated staffing with three levels of teachers: Career Professional, Professional Teacher, and Instructor. The Instructor would be a temporary certificate and professional preparation would be minimal. The Career Professional, in contrast, would have demonstrated excellence as a teacher and would typically hold a doctorate. The goal of differentiated staffing would be to provide opportunities for teachers to advance within the profession. The Holmes Group also proposes stricter

standards for entry into the profession. These standards include written tests on pedagogy and teaching specialty. To "connect universities and schools" The Holmes Group proposes the establishment of Professional Development Schools which would be similar to teaching hospitals in medical education.

The recommendations of The Holmes Group seem to be more controversial than its major goals (Pietig, 1987). The publication of *Tomorrow's Teachers* (Holmes Group, 1986) was accompanied by strong and diverse reactions by educators. A sample of reactions follows:

-"The Holmes report can be seen as an effort of deans of large schools of education to reduce competition by smaller schools." (Clements, 1987, p 510).

-"The goals of the Holmes Group are noble." (Cuban, 1987, p 352).

-"The reports propose little not previously urged elsewhere." (Ducharme, 1986, p 52).

-"The Holmes report ... gives me hope for the future of my profession." (Futrell, 1987, p 378).

-"The Holmes Reform Program is both dangerous and formidable." (King, 1986, p 34)

-"Holmes could well be a very costly proposition for many institutions." (Gordon, 1988, p 151)

-"The Holmes Group is continuing to ensure that our schools remain racist and classist" (Grant & Gillette, 1987, p 519)

-"The report does not appear to be research based." (Ryan, 1987, p 412)

The reactions have been written by representatives of large and small institutions of higher education; by deans and presidents; by representatives of unions and professional organizations; and by faculty in a variety of disciplines. Several periodicals have devoted entire issues to *Tomorrow's*



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*Teachers*. These include *The Journal of Negro Education, Phi Delta Kappan, Teachers College Record, Social Education*, and *Theory into Practice*.

In the midst of all the "hoopla," the voice of health education has been a quiet one. A literature search of health education periodicals revealed only two articles which respond to the recommendations of The Holmes Group. Willcox (1988) adopted a relatively positive stance as he examined the implications for health education. He believes that moving pedagogy to the graduate level would allow more time for study of the rapidly expanding knowledge base of health education. However, he fears that the additional year of study required will discourage students from entering teaching.

In a later paper, Cleary and Lowing (1990) question the assumptions underlying *Tomorrow's Teachers* (Holmes Group,1986). They believe a "defensible knowledge base, and a comprehensive framework for professional preparation have evolved" in health education. They fear that evolution will be "short-lived" if health educators do not challenge the assumptions on which The Holmes Group has based its proposals. These assumptions include: (1) majoring in the liberal arts is superior to majoring in secondary education, (2) secondary education students do not complete an academic major in their specialty, (3) longer preparation will result in higher pay, (4) members of The Holmes Group have implemented its proposals, and (5) graduate studies will produce better teachers.

The lack of attention to the proposals of The Holmes Group in the health education literature leads one to question the effects that a Holmes-based program would have on future health education teachers. The purpose of this study was to identify potential effects of the Holmes Group recommendations on the preparation of health education teachers and to determine whether

those effects would be positive or negative. A modified Delphi study was used to conduct the study.

## Method

### *The Delphi Technique*

The Delphi technique was developed by the Rand Corporation in the 1950s as a forecasting tool for the Department of Defense (Linstone & Turoff, 1975). The technique has been described as a "carefully designed program of sequential interrogations, interspersed with information and opinion feedback" (Cyphert & Gant, 1970). A questionnaire is sent to expert subjects who list opinions on a specific topic. Subsequent questionnaires are developed based on previous input. In each succeeding round the subjects evaluate their positions relative to data from the previous round and to revise them if they desire.

### *Identification of Subjects*

Health education department chairs at universities which belong to The Holmes Group were invited to participate in a three-round Delphi study to identify the predicted, perceived effects of The Holmes Group recommendations. Thirty-four potential subjects were identified. Fourteen formally withdrew from the study giving the following reasons: no teacher education program, lack of time, and lack of expertise. Nine subjects completed all three rounds of the study.

*Survey Procedures*

After a field test and revision of the Round 1 questionnaire, it was sent to the subjects. The Round 1 instrument was open-ended. Subjects were asked to list "significant" effects of The Holmes Group recommendations on the preparation of health education teachers. Comments regarding the effects were also solicited. Thirty-two effects were identified in Round 1.

The 32 effects were listed in random order with the related comments to form the Round 2 questionnaire. The subjects were instructed in Round 2 to rank the "15 most significant effects", make comments related to those which they ranked, and to indicate whether they perceived each effect to be positive or negative.

In Round 3, the subjects were asked to review their Round 2 responses in relation to the summarized data from Round 2 and to respond to the Round 3 questionnaire in the same manner as the second round. The format for the Round 3 questionnaire was similar to the Round 2 instrument. Subjects were also asked to provide background data as part of the Round 3 questionnaire. The background data included information about the subjects and about the universities in which they teach.

## Results

*Background Information*

Subjects who participated in all three Rounds of the study were instructed to answer questions about themselves and the universities in which they teach. This information was requested in Round 3

Four (44%) subjects identified themselves as school health educators. Five (56%) listed their specialty as community health. The mean number of

years served as department chair (or equivalent) was 5.4, and the range was 2 to 11 years. The mean number of years working as a health educator was 17.3 and ranged from 10 to 23 years. The mean number of years working at their present university was 10.3 and ranged from 1 to 17 years.

Subjects also provided information about the universities in which they teach. The mean number of health education graduates earning teaching certificates (or endorsements) each year was 9.4 and ranged from 1 to 30. Two universities graduated at least 20 students per year. These values had a large effect on the mean. The median number of graduates was five per year. The mean undergraduate enrollment of the universities was 19,800 and ranged from 5,000 to 30,000 Two subjects did not answer this question.

Six (67%) subjects indicated that their universities would provide routes other than the Holmes-based program for certification of health education teachers. The routes listed were 4-year curriculum, state competency program by courses, CHES (Certified Health Education Specialist), and Association for the Advancement of Health Education. One subject was unsure of the alternate route(s) and another did not specify other routes. Subjects were also asked to indicate the academic year in which their department would implement programs based on The Holmes Group. Two subjects responded with a question mark. There was no agreement among the other responses. The following were listed: 1991-92, 1992, 1993, 1995?, no plans, none, and never.

*Round 3 Results*

The Round 3 questionnaire instructed the subjects to rank the "15 most significant effects" of The Holmes Group recommendations on the preparation of school health education teachers. Subjects were also asked to identify whether each item which they ranked would have positive, negative, or

"other" effect. The data for the effects ranked as the fifteen "most significant" are presented in Table 1.

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Insert Table 1 about here

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Thirty-one of the 32 items on the instrument were ranked among the fifteen most significant by at least one subject. The mean ranks ranged from 5.44 to 16.00. The median ranks ranged from six to 16. Nineteen of the effects had median ranks of 16, which means that less than 50% of the subjects ranked them among the fifteen most significant. Twelve of the effects were perceived to be positive by all subjects who ranked them. Five of the effects were perceived to be negative by all subjects who ranked them. Fifteen of the effects were perceived differently by the subjects who ranked them among the fifteen most significant (i.e. some combination of positive, negative, and other). Examination of the ratings of effects as positive, negative, or other shows that 53 (60.9%) of the votes for fifteen highest ranked effects were positive.

## Discussion

This study identified potential effects of The Holmes Group on the preparation of health education teachers. This discussion will make general predictions on the relationship between The Holmes Group and Health Education and discuss them based on the data collected.

*Prediction 1: Students graduating from Holmes-based teacher education programs will be well-prepared to teach.*

Several of the ranked effects are related to the product of teacher education- that is, the teachers who complete the program. All those effects were considered positive by the subjects who ranked them. The effects are: students will have better preparation in the content of health education, students will be better prepared to deal with their students, students will be more committed to teaching, students will have more practical experience as part of the preservice program, critical and creative thinking of students will be enhanced. The net result, if these predictions are valid, is that graduates of Holmes-based programs will be more ready to assume the responsibilities of teaching health. They will know their own subject and how to manage their classrooms. One would assume that many of these positive effects are related to the longer program. What health education majors now try to accomplish in four years of undergraduate study, Holmes graduates will accomplish in five or more years. This scenario allows for more in depth study and practice. Graduates will also demonstrate their commitment to teaching by their willingness to attend a longer program.

*Prediction 2: Few schools will actually implement a Holmes-based teacher education program.*

The results of this study show that the universities are making little progress toward implementation of a Holmes-based program Only one subject indicated that implementation was imminent (1991-92). More than half (55%) indicated no specific plans to begin using the revised curriculum. This, combined with the fact that alternate routes will be available, indicate a lack of commitment to the recommendations of The Holmes Group. One wonders if

departments of health education played a role in the decision to join The Holmes Group.

*Prediction 3: Four-year programs will continue to prepare health education teachers.*

Two-thirds of the subjects in the study indicated that they would offer alternate routes for teacher certification. These included programs based on the Certified Health Education Specialist (CHES) competencies and state competency programs. This may be an attempt to attract students who are unwilling or unable to spend five or more years preparing for a relatively low-paying career. The subjects also predicted that students will switch to Community Health. An earlier study indicated that this trend existed even before The Holmes Group was organized (Pigg, 1984).

No subject believed that lengthening the program would be a positive effect. It may be that they feel four years is adequate. Some predict that students will first earn a degree in Community Health and then have the option of further study for teacher certification (effect 9).

*Prediction 4: The number of school health education majors will decrease at Holmes universities.*

This is a concern of the subjects in the study. The second-ranked effect is that students will choose schools offering four-year programs and the seventh-ranked effect predicts that students will switch to community health. Writers from other disciplines have similar fears (Cherryholmes, 1987; Mehlinger, 1986). Enrollment may decrease because of the additional costs associated with a longer program or because students are anxious to graduate and begin teaching. Some research indicates that many preservice teachers

believe they are ready to teach before they begin their professional preparation (Book, Byers, & Freeman, 1983). It may be that Community Health will become more attractive because they can graduate and do similar work (among different populations) in only four years.

## Conclusion

*Tomorrow's Teachers* (Holmes Group, 1986) received much attention when it was published. Hopes and expectations were high among the authors of that document. The health educators who participated in this study believe that graduates of Holmes-based programs will be better prepared to teach. However, evidence of grassroots support among health educators is lacking. Widespread adoption of Holmes-based curricula in departments of Health Education is not likely. The Holmes Group will not have much effect on the preparation of health education teachers. The two are indeed like oil and water.

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Table 1

Fifteen Most Significant Effects as Ranked in Round 3

| Rank | Effect | Mean | Median | +/0/- |
|---|---|---|---|---|
| 1 | Universities will redesign their curricula. | 5.44 | 6 | 6/0/3 |
| 2 | Fewer students will select to go to schools offering Holmes versus a four-year degree. | 7.00 | 6 | 0/0/7 |
| 3 | A stronger preparation of teachers of Health Education, in terms of content background, will result. | 8.00 | 8 | 6/1/0 |
| 4 | School Health Education students will be better prepared to deal with their students. | 8.78 | 5 | 6/0/0 |
| 5 | Students will be more committed to teaching. | 9.67 | 9 | 7/0/0 |
| 6 | Fewer universities will continue to offer teacher education programs. | 10.44 | 11 | 1/1/3 |
| 7 | Students will switch to community health. | 10.67 | 11 | 0/1/6 |
| 8 | Health Education majors will have more practical experience opportunities. | 11.33 | 12 | 5/0/0 |
| 9 | Program length will be altered from 4 to 5 years. | 11.44 | 14 | 0/1/5 |
| 10 | Certification requirements for teachers of Health Education will be enhanced. | 11.56 | 12 | 5/0/0 |
| 11 | Early exposure to teaching will need to be retained. | 11.78 | 13 | 6/0/0 |
| 12 | School Health Education majors will first receive a degree in community health (four years). | 12.00 | 13 | 3/0/2 |
| 12 | The differences in program length will lead to conflicts between community and school health. | 12.00 | 16 | 0/0/4 |
| 14 | Health Education faculty will need to work more closely with other faculty in the college of education. | 12.22 | 12 | 5/0/0 |
| 14 | The critical and creative thinking of the Health Education majors will be enhanced. | 12.22 | 16 | 3/0/0 |